

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 14.7  
TITLE: FAMILY PLANNING

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AUTHORITY: 38 CFR 17.270(a), 17.271, and 17.272 (a)(27)(28)(29)

RELATED AUTHORITY: 32 CFR 199.4(e)(3)

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### I. EFFECTIVE DATE

August 26, 1985

### II. PROCEDURE CODE(S)

11975-11977, 57170, 58300-58301

### III. POLICY

Family planning benefits may be provided as specifically indicated below.

1. Surgical insertion, removal, and replacement of intrauterine devices (58300-58301).
2. Measurement for, and purchase of, contraceptive diaphragms including remeasurement and replacement (CPT code 57170).
3. Prescription contraceptives and prescription contraceptives used as emergency contraceptives. This includes the Preven Emergency Contraceptive Kit approved by the FDA on September 2, 1998. This kit contains special doses of regular birth control pills and a pregnancy test that is self-administered before taking the pills. The pregnancy test is considered an integral part of the kit and the total kit is a CHAMPVA benefit.
4. Male and female surgical sterilization.
5. Effective December 12, 1990, the Norplant System Contraceptive Device (Current Procedural Terminology (CPT) codes 11975-11976) is a covered benefit. Norplant System is a long-term (up to 5 years) reversible contraceptive system. The birth control device consists of six thin, flexible silicone capsules filled with a synthetic progestin hormone that are implanted under the skin in a woman's upper arm. The capsules are implanted under local anesthetic on an outpatient basis, in the physician's office. The device continuously releases tiny doses of hormones

according to package labeling, the capsules will be removed at any time for any reason. The removal should be done upon request by the patient or at the end of 5 years of usage.

6. Effective October 29, 1992, Depo-Provera injections for birth control.

#### IV. POLICY CONSIDERATIONS

- A. [Chapter 2, Section 14.2](#), *Abortions*.
- B. [Chapter 2, Section 35.1](#), *Female Genital System*.
- C. [Chapter 2, Section 36.1](#), *Male Genital System*.
- D. [Chapter 2, Section 35.2](#), *Papanicolaou (PAP) Tests*.
- E. [Chapter 2, Section 23.1](#), *Preventive Services*.

#### V. EXCLUSIONS

- A. Prophylactics (condoms).
- B. Over-the-counter spermicidal products.
- C. Services and supplies related to noncoital reproductive technologies, including but not limited to artificial insemination (including cost related to donors and semen banks), invitro fertilization and gamete intrafallopian transfer (GIFT).
- D. Male and female reversal of a surgical sterilization procedure.

**\*END OF POLICY\***